

Michigan Department of Community Health Children's Special Health Care Services PAYMENT AGREEMENT GUIDE

This guide does not apply if the client has Medicaid, WIC, MICHild, or any other exemption in # 7 of the Income Review/Payment Agreement form (MSA-0738). No payment is required.

This chart will give you the amount your family is required to pay to receive coverage by the Children's Special Health Care Services (CSHCS) program.

INSTRUCTIONS:

You will need to use the information you put on your Income Review/Payment Agreement form (MSA-0738) to use this guide:

- Find the Column for the **Family Size** you put on line #8 of the MSA-0738 in the chart below.
- Find the **Income Range** in this same column that includes the income you put on line #9 of the MSA-0738.
- Follow the row across to the right to find your **Yearly Payment Agreement Amount**.
- Place the **Yearly Payment Agreement Amount** from the chart below on line # 10 of the Income Review/Payment Agreement form (MSA-0738).

NOTE:

- If there are more than **five (5)** people in your family, call **1 (800) 359-3722** for help in determining the payment agreement amount for your family.
- If you need any help, call 1 (800) 359-3722.

FAMILY SIZE / INCOME RANGE CHART					YEARLY PAYMENT AGREEMENT AMOUNT
Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	
\$0.00 - \$20,419	\$0.00 - \$27,379	\$0.00 - \$34,339	\$0.00 - \$41,299	\$0.00 - \$48,259	\$0.00
\$20,420 - \$25,525	\$27,380 - \$34,225	\$34,340 - \$42,925	\$41,300 - \$51,625	\$48,260 - \$60,325	\$150.00/year
\$25,526 - \$30,630	\$34,226 - \$41,070	\$42,926 - \$51,510	\$51,626 - \$61,950	\$60,326 - \$72,390	\$300.00/year
\$30,631 - \$40,840	\$41,071 - \$54,760	\$51,511 - \$68,680	\$61,951 - \$82,600	\$72,391 - \$96,520	\$600.00/year
\$40,841 - \$51,050	\$54,761 - \$68,450	\$68,681 - \$85,850	\$82,601 - \$103,250	\$96,521 - \$120,650	\$1,200.00/year
\$51,051 - no ceiling	\$68,451 - no ceiling	\$85,851 - no ceiling	\$103,251 - no ceiling	\$120,651 - no ceiling	\$2,400.00/year